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**Mental health and human trafficking: responding to survivors'
needs**

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What is human trafficking?

Human trafficking is the recruitment and movement of people using means such as deception and coercion for the purposes of exploitation (United Nations, 2000). Men, women, and children are trafficked across and within international borders for exploitation in forced sex work, domestic servitude, and in a variety of industries including fishing, agriculture, and construction, as well as for forced criminal acts. Human trafficking is a global problem, with an estimated 11.27m people exploited in the Asia-Pacific region, 3.7m in Africa, 1.87m in Latin America and the Caribbean, 1.6m in Central and South Eastern Europe, 1.5m in the European Union and developed economics, and 600,000 in the Middle East (International Labour Office, 2012).

This article summarizes research on mental health and human trafficking and how mental health professionals can respond, including recent research conducted to inform the UK health service response to human trafficking. There are an estimated 13,000 victims of human trafficking in the UK (Silverman, 2014), trafficked from more than 80 countries including Romania, Poland, Albania, and Nigeria.

What mental health problems are associated with human trafficking?

~~Studies indicate a high prevalence of mental health problems among trafficked people~~ (Ottisova et al., 2016). Research from various countries shows depression, anxiety, ~~and~~ post-traumatic stress disorder (PTSD), and self-harm and attempted suicide are prevalent among survivors in contact with refuge services (Ottisova et al., 2016). Oram *et al* found high levels of depression, anxiety or PTSD symptoms reported by 78% of women and 40% of men survivors in England (Oram et al., 2016). Similarly, a study of trafficked people in Greater Mekong sub-region found that 61% of men and 67% of women, as well as 57% of children, reported probable depression (i.e. symptoms indicative of depression as measured by a standardized screening tool) and probable PTSD was reported by 46% in men, 44% in women, and 27% in children (Kiss et al., 2015).

Evidence of severe mental illness, including schizophrenia and psychotic disorders, has also been detected among trafficked people in contact with secondary mental health services in England (Oram et al., 2015). The study also found increased risk of compulsory psychiatric admission and longer duration of psychiatric admission among trafficked versus non-trafficked

patients ~~compared to matched non-trafficked patients~~ who were matched for sex, age (+/- 2 years), diagnosis, inpatient status at first contact, and year of most recent service contact. Seven percent of trafficked patients ~~ral patients~~ had a history of psychiatric admission prior to trafficking ~~that preceded their experiences of trafficking~~.

Although traumatic experiences while trafficked may induce or exacerbate mental disorders, poor mental health may also increase vulnerability to trafficking. This is may be due to factors potentially associated with poor mental health, including reduced decision-making capacity or understanding, increased dependence on others, and lower social support. An Trafficked individuals's risk of mental disorder appears to be influenced by multiple factors, including pre-trafficking ~~physical and sexual~~ abuse; longer duration of exploitation; ~~and~~ violence and restrictions on movement while trafficked; and greater number of unmet needs and lower levels of social support in the post- following trafficking ~~period~~ (Ottisova et al., 2016).

Importantly, recent findings from the UK show that trafficked people may come into contact with mental health services (Oram et al., 2015), offering mental health professionals potential opportunities to intervene and provide care.

What are indicators of human trafficking?

Mental health professionals may encounter trafficked people who are still being exploited or, more commonly, ~~those~~ who have escaped (Zimmerman and Borland, 2009) Research conducted in the UK found that up to one in eight mental health professionals working in areas ~~where there are~~ known to ~~be~~ have higher numbers of trafficked people (e.g. London) had been in contact with a patient they “knew or suspected had been trafficked” (Ross et al., 2015). Trafficking may be disclosed by the patient or ~~by~~ another professional involved in the patient's care, or mental health professionals may detect signs ~~during consultation~~ that suggest possible experiences of trafficking. Suspicions may be raised, for example, if patients present with signs of physical or psychological trauma and are unable to speak the local language or provide basic identity documents (Hemmings et al., In Press). Patients still experiencing exploitation may be accompanied by a dominant or controlling companion or minder.

What should mental health professionals do if they suspect trafficking?

When assessing and caring for patients who may have been trafficked, mental health professionals should, whenever possible, see patients without companions or minders present, use an independent interpreter, and be prepared to provide extended consultations (Hemmings et al., In Press). Professionals may also try to schedule a further appointment to create a better opportunity for disclosure ~~(e.g. securing an appropriate interpreter).~~

Trafficked people may fear disclosing information about their experiences due to threats of harm to themselves or their family members or the risk of detention or deportation, or may be inhibited by feelings of shame or guilt ~~for what happened to them.~~ (Zimmerman and Borland, 2009). Others may have difficulty recalling and recounting their experiences; trauma can affect recall of the details and chronology of events. Mental health professionals may need to provide crisis care with little background information and accept that patients may not wish or be able to return for follow-up care (Zimmerman and Borland, 2009). However, professionals should also be prepared to provide information about ~~potential~~ referral options, and should familiarize themselves with local and national support services and referral pathways (Hemmings et al., In Press).

~~A high proportion of~~ Many trafficked men, women, and children experience physical and sexual violence ~~during the time they are~~ while trafficked. A recent study conducted with survivors in England, the UK found, for example, that 66% of trafficked women reported forced sex while trafficked, including 95% trafficked for sexual exploitation and 54% trafficked for domestic servitude (Oram et al., 2016). Research also suggests that many ~~trafficked people~~ experience physical and sexual abuse from partners, family members, and other perpetrators prior to trafficking and that vulnerability to violence may continue after escape from exploitation (Ottisova et al., 2016).

Mental health professionals should routinely enquire ~~undertake routine enquiry~~ about current and historical experiences of abuse when working with trafficked patients. ~~Individuals~~ Survivors will benefit from psychological support to address their experiences of multiple traumatic events. They will also require careful risk assessments and safety planning, including risk of re-trafficking.

Trafficked patients should be offered a choice about regarding gender of their healthcare professional and, where used their interpreter, the option of being treated by a male or female, whenever possible. ~~Similar options should be offered regarding interpretation.~~ During assessment, professionals should try to explore common post-trafficking reactions such as fearfulness,

sadness, guilt, shame, anger, memory loss, hopelessness, reliving experiences, emotional numbing, feelings of being cut-off from others, being 'jumpy' or easily startled, and [risk of](#) suicidal ideation and self-harm. Assessment should also include substance misuse; ~~as~~ it is not uncommon for trafficked people to be forced to use drugs or alcohol or to use them as coping mechanisms.

Trafficked people are likely to be unfamiliar with how mental health services are provided and the treatments available to them. Care should be taken to explain care plans, care coordination and duration, [to ensure informed consent](#), and, whenever possible, to allow individuals to participate in decision-making about their care. Professionals should also be cognizant that cultural differences can affect the presentation and understanding of psychological symptoms and treatment preferences. It is often necessary to consider the acceptability and potential stigma associated with psychological interventions for trafficked patients from other countries and cultures (Zimmerman and Borland, 2009). All relevant members of the care team should be aware of the patient's history, health and social needs, and need for follow up, while maintaining strict confidentiality of patient information ~~and~~ [data](#).

What interventions should be offered?

To our knowledge, no research ~~evaluating has been conducted to~~
~~date to evaluate~~ the effectiveness of interventions to support the
recovery of trafficked people ~~has yet been conducted~~ (Ottisova et
al., 2016). Treatment should be provided in line with clinical
guidelines for working with victims of trauma
([http://apps.who.int/iris/bitstream/10665/85240/1/97892415485
95_eng.pdf](http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf)). Evidence-based interventions for PTSD such as
narrative exposure therapy (NET), trauma-focused cognitive
behavioral therapy (TF-CBT) and eye movement desensitization
and re-processing (EMDR) may be suitable for survivors ~~of human~~
~~trafficking~~ who are ready to talk about their trauma, and should be
evaluated in future research. If evidence-based psychological
therapies are not available or patients do not wish to engage or
have ongoing severe stressors, antidepressants may also be a
~~treatment option~~~~n-option for treatment~~ (Abas et al., 2013).
Evidence on responding to human trafficking in low resource
settings remains largely absent.

Studies exploring risk factors for mental disorder among trafficked
people suggest that psychological interventions will need to take
account of ~~the~~ abuse experienced ~~by trafficked people~~ both prior
to and during ~~the~~ exploitation and the potential for ongoing ~~risk of~~

harm. Broad approaches to stabilizing physical and psychological health are likely to be needed before commencing trauma-focused psychological therapy. Social stressors (e.g. unstable housing, insecure immigration status, ~~and lack of entitlement to social care~~) are likely to exacerbate ~~an individual's~~ distress and psychological symptoms. Patients may need assistance accessing social, financial and legal support as well as help with techniques to regulate emotions and to cope with dissociation (Domoney et al., 2015).

Conclusions

Mental health problems are prevalent among trafficked people and survivors often require support to recover from the psychological impact of their experiences. Mental health professionals have a key role to play in responding to human trafficking. ~~However, a~~ awareness raising and training is required to ensure professionals are prepared to respond to trafficking and to safely identify and refer trafficked people to the care that they need and deserve.

Declaration of Interest

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